

4739

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, giving the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>104</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>450</u>	
Town of _____		Local Registrar No. <u>19</u>	
or _____			
City of <u>Hayden</u>	No. <u>Hayden Hospital</u>	Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>David Alfredo Sosa</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept 6/22</u> (Month, day, year)		
8. Full name of FATHER <u>Mamel Sosa</u>	14. Full maiden name of MOTHER <u>Genera Arzaga</u>		
9. Residence (Usual place of abode) <u>Christmas</u>	15. Residence (Usual place of abode) _____		
10. Color or race <u>Mex.</u>	16. Color or race <u>Mex.</u>		
11. Age at last birthday <u>24</u> (Years)	17. Age at last birthday <u>18</u> (Years)		
12. Birthplace (city or place) <u>Mexico</u>	18. Birthplace (city or place) <u>Christmas</u>		
13. Occupation <u>Miner</u>	19. Occupation <u>H. W.</u>		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> <u>10 A.M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>Dr. R. Gonzalez</u>		Address <u>Hayden, Ariz.</u>	
Given name added from a supplemental report _____		Filed <u>Sept 8</u> , 19 <u>22</u> <u>W. A. Dinal</u>	
(Month, day, year)		Filed <u>Oct 8</u> , 19 <u>22</u> <u>B. S. Jax</u>	
Registrar. <u>421-906-711</u>		Local Registrar. _____	
		County Registrar. _____	